Children's Evidence Based Practices Expert Panel-Update

December 15, 2006

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Introduction

This expert panel was re-convened by the Mental Health Division (MHD) to review and update the original menu of Children's Evidence Based Practices (Appendix A).

The original panel recognized the constant updating of clinical information and recommended that the "menu be reviewed and revised regularly". The original work of the Expert Panel was limited to the available research at the time of the review (Appendix A). Since that time, many clinical treatment studies have been published related to children's mental health practices. The current panel reviewed these new studies to update and modify the matrix of EBPs from the original report. Many more practices have been added to the matrix.

In addition, the re-convened panel includes family members of children with mental health problems and researchers from tribal and ethnic communities. This report and matrix reflect the increased diversity of the panel. Practices are highlighted that have been evaluated with ethnic minority communities. The panel was not able to conduct an exhaustive review of the minority status of the sample of every study, but did note that the literature to date is limited regarding effective practices with ethnic minorities. Whenever possible, the panel included information and adaptations that were highlighted in the literature. The expert panel recommends that a literature review be commissioned to look more extensively at the inclusion of ethnic, racial and linguistic minorities in studies of clinical practice.

As with the original report, the review was thorough and driven by consensus. This expert panel revised slightly the criteria used in the original report. Practices are ranked into 5 categories: best empirical support, good or moderate support, moderate support for other populations or conditions, innovative practices, and practices having known risks. The guidelines used for this ranking are listed later in this report. An additional column was added that highlights practices that have been studied or developed with ethnic minority populations.

A similar caveat applies to this updated report as was mentioned in the original report. It is expected that these rankings will change over time as new practices are introduced to the field, promising practices undergo more research and evaluation, and existing best practices are modified and refined. Therefore, it is the expert panel's recommendation that the menu continue to be reviewed and revised regularly, at least once every two years.

Guidelines for Ranking Mental Health Practices

The following guidelines were used in assigning practices to different levels.

Level 1: Best Support

- I. At least two good between group design experiments demonstrating efficacy in one or more of the following ways:
 - a. Superior to pill placebo, psychological placebo, or another treatment.
 - b. Equivalent to an already established treatment in experiments with adequate statistical power -OR-
- II. A large series of single case design experiments (n>9) demonstrating efficacy. These experiments must have:

- a. Used good experimental designs
- b. Compared the intervention to another treatment as in I. a.

AND

Further criteria for both I and II:

- III. Experiments must be conducted with treatment manuals.
- IV. Characteristics of the client samples must be clearly specified.
- V. Effects must have been demonstrated by at least two different investigators or teams of investigators.

Level 2: Good Support or Moderate Support

- I. Two experiments showing the treatment is (statistically significantly) superior to a waiting-list control group. *Manuals, specification of sample, and independent investigators are not required.*OR-
- II. One between group design experiment with clear specification of group, use of manuals, and demonstrating efficacy by either:
 - a. Superior to pill placebo, psychological placebo, waitlist or untreated control or another treatment.
 - Equivalent to an already established treatment in experiments with adequate statistical power -OR-
- III. A small series of single case design experiments (n>3) with clear specification of group, use of manuals, good experimental designs, and compared the intervention to pill or psychological placebo or to another treatment. The majority of studies note positive results.

Level 3: Moderate support for other conditions/populations

. Program meets Level I and Level 2 evidence criterion

AND

- II. One of the following applies:
 - a. Has not been evaluated with children

OR

b. Has been evaluated with children with other conditions.

OR

c. Has been evaluated with children in other populations

Level 4: Innovative Practices

- I. The treatment has a sound theoretical basis in generally accepted psychological principles.
- II. A substantial clinical-anecdotal literature exists indicating the treatment's value with the target behavior.
- III. The treatment is generally accepted in clinical practice as appropriate for use with the target behavior.
- IV. There are no studies showing negative results.
- V. There is no clinical or empirical evidence or theoretical basis indicating that the treatment constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- VI. The treatment has a book, manual, or other available writings that specifies the components of the treatment

Level 5: Practices with Known Risks

I. At least one study or review demonstrating harmful effects of a treatment.

Evidence-Based Child and Adolescent Behavioral Health Interventions

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/ Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Anxious or Avoidant Behaviors	 Cognitive Behavior Therapy for Anxiety Disorder (e.g. Coping CAT) 					
Assaultive/ Aggressive Behaviors	 Aggression Replacement Training (ART) Multidimensional Treatment Foster Care (MTFC) Multisystemic Therapy (MST) Functional Family Therapy (FFT) 	 Anger Coping Training Anger-focused cognitive behavioral therapy 				Anger Coping Training- Asian youth
Attachment Problems (0-5)		 Parent Child Interaction Therapy (PCIT) Behavioral Parent Training 		Circle of Security	Coercive or Aversive therapies;Attachment Therapy	 PCIT (GANA) Mexican American Families PCIT- Native American Adaptation
Attention and Hyperactive Disorders	Multi-Modal Approach using Medication +Cognitive Behavioral Therapy (CBT) + Parent Training + School Intervention					 Multi-Modal approach- African American and Latino youth Medication- African American Youth

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/ Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Autistic Spectrum Disorders	Applied Behavior Analysis	Behavioral Intervention		Auditory Integration Training Functional Communication Training Pivotal Response Intervention		
Bipolar Disorders	Medication	Child and Family focused Cognitive Behavioral Therapy (CFF-CBT)	Multi-Family Group Treatment (MFG)**	Child only Cognitive Behavioral Therapy (CBT)		
Depressive or Withdrawn Behaviors	 Cognitive Behavior Therapy (CBT) for Depression Interpersonal Therapy (IPT-A) Medication 			Dialectical Behavior Therapy (DBT)		
Disruptive and Oppositional Behaviors	Behavioral Parent Training (younger children) Incredible Years Positive Parenting Program (PPP) Parent Child Interaction Therapy (PCIT) Child Training (older children) Brief Strategic Family Therapy (BSFT)	Behavioral Parent Training (younger children) • Functional Family Therapy (FFT) • 1-2-3 magic Child Training (older children) • Anger Coping Therapy • Anger-focused cognitive behavioral therapy	 Multisystemic Therapy (MST) Multidimensional Treatment Foster Care (MTFC)* Multi-Family Group Treatment (MFG)** 	Cognitive Behavioral Therapy (CBT) Dialectic Behavior Therapy (DBT)	Group therapy without a skills focus	Brief Strategic Family Therapy- Hispanic/Latin o Youth PCIT (GANA) — Mexican American Families, Incredible years- African American, Latino, Asian American children

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/ Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Eating Disorders		 Family Therapy for Adolescents with anorexia nervosa Multi-Family Group Treatment (MFG) for adolescents with eating disorders 	Interpersonal Therapy (IPT-A)	Dialectic Behavior Therapy (DBT) Cognitive Behavioral Therapy (CBT)	Some Group Therapies	
High Conflict Families	 Functional Family Therapy (FFT) Intensive Family Preservation Services (Homebuilders model) 			Cognitive Behavioral Therapy (CBT)		
Interpersonal Relationships	 Cognitive behavioral therapy and skills training for aggression Social skills training 	 Youth Relationships Project 		 Dialectic Behavior Therapy (DBT); Functional Family Therapy (FFT) 		
Schizophrenia and other psychotic disorders	Medication		 Multi-Family Group Treatment (MFG)** Social Skills training for Schizophrenia** Assertive Community Treatment (ACT) ** Behavioral Family Intervention (BHI)** 			 Assertive Community Treatment – Latino, Asian, African, Caribbean, Aboriginal adults
Sexually aggressive Behaviors		 Multisystemic Therapy (MST) Cognitive Behavioral Therapy (CBT) for Children with Sexual Behavior Problems 				
Self-harming Behaviors		Dialectic Behavior Therapy (DBT)				

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/ Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Substance Use	 Brief Strategic Family Therapy Multidimensional Family Therapy Multisystemic Therapy (MST)*** 	 Purdue Brief Family Therapy Motivational Enhancement Therapy (MET) Multidimensional Treatment Foster Care (MTFC)*** 	 Dialectic Behavior Therapy (DBT)** Cognitive Behavioral Therapy (CBT)** Voucher-Based Contingency Management** 	 Family Effectiveness Training Peer Coping Skills Training Life Skills Training; Guiding Good Choices CASA Start 		Brief Strategic Family Therapy- Hispanic/ Latino Youth
Traumatic stress	Trauma-focused Cognitive Behavioral Therapy (TFCBT)	Eye Movement Desensitization & Reprocessing (EMDR)	 Prolonged Exposure Therapy for Posttraumatic Stress** Cognitive Processing Therapy (CPT) 	 Trauma-Focused Integrative Eclectic Therapy Trauma-Focused Play Therapy HTUG 		HTUG- Native American Children and Youth TF-CBT- African American Youth, Latino adaptation EMDR – Iranian & Hawaiian children

^{*} These practices show Level 1-Best Support for Juvenile Offenders

** Based on findings with adults only;

*** These interventions are effective if substance abuse is part of a more complex diagnostic picture

Population Based Interventions

Population	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Juvenile Offenders	 Multisystemic Therapy (MST) Multidimensional Treatment Foster Care (MTFC) Functional Family Therapy (FFT) Aggression Replacement Training (ART) 	• Family Integrated Transitions (FIT)	Dialectic Behavior Therapy (DBT)	Cognitive Behavioral Therapy (CBT) for Antisocial Behavior	Group therapy without a skills focus	Multisystemic Therapy (MST)- African American, Hispanic youth
Children at Risk for Out of Home or More Restrictive Placement	Multidimensional Treatment Foster Care (MTFC) Parent Child Interaction Therapy (PCIT) Behavioral Parent Training Intensive Family Preservation Services (Homebuilders model)	• Family Focused, Child Centered Treatment (FTI)		Circle of Security		PCIT (GANA) – Mexican American Families PCIT- Native American Adaptation
Families at risk for child physical abuse	Parent Child Interaction Therapy (PCIT) Behavioral Parent Training Intensive Family Preservation Services (Homebuilders model)	 Abuse-Focused Cognitive Behavioral Therapy (CBT). Family Focused, Child Centered Treatment in Child Maltreatment (FTI) 	• Incredible Years	Circle of Security		PCIT (GANA) – Mexican American Families PCIT- Native American Adaptation

Population	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other conditions/Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Families at risk for Neglect	Intensive Family Preservation Services (Homebuilders model)	 Project 12-Ways Family Focused, Child Centered Treatment in Child Maltreatment (FTI) 				

Prevention Programs

Problem Area	Level 1 – BEST SUPPORT	Level 2 – GOOD SUPPORT OR MODERATE SUPPORT	Level 3- Moderate Support for Other Conditions/ Populations	Level 4 – INNOVATIVE PRACTICES	Level 5– KNOWN RISKS	Studies With Ethnic, Cultural and Linguistic Minorities
Early Childhood Prevention programs for at- risk youth and families	Nurse-Family Partnership Program- late pregnancy & Infancy; Headstart/ECEAP Parents as Teachers Positive Parenting Program (PPP) Incredible Years Home Instruction Program for Preschool Youngsters			Circle of Security; Intensive Los Nino's Bien Educados Parenting program		• Los Nino's Bien Educados Parenting program- Hispanic Families
School age prevention programs for atrisk youth and families	 Parenting Wisely Positive Parenting Program (PPP) Incredible Years Strengthening Families 	 Nurturing parenting programs; Second Step School Transitional Environmental Program (STEP); Linking the Interests of Families and Teachers (LIFT); I Can Problem Solve; FAST Track 		 Preventive Treatment Program; The Fourth R Comprehensive School Program 		

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